

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PM</i>	67614	3/22/60
O.I.P.E. CLASSIFIER		7	3-27-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		60870	5-17-68

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	03/27/64
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6	0
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8	0
9	0
10	0
11	0
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14	0
15	0
16	0
17	0
18	0
19	✓
20	✓
21	✓
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25	✓
26	✓
27	✓
28	✓
29	✓
30	0
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Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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